



# Incident Report

**Print Date/Time:** 09/15/2016 08:02  
**Login ID:** ss0100

Lake Stevens Police Department  
**ORI Number:** WA0311900

**Incident:** 2016-00018230

**Incident Date/Time:** 9/14/2016 6:16:00 PM  
**Location:** SR 9 SE / 20TH ST SE  
LAKE STEVENS WA 98258  
**Phone Number:** (425) 387-4130  
**Report Required:** Yes  
**Prior Hazards:** No  
**LE Case Number:**

**Incident Type:** Collision  
**Venue:** Lake Stevens  
**Source:** 911  
**Priority:** 3  
**Status:** 3  
**Nature of Call:**

## Unit/Personnel

Unit	Personnel
19S13	SS0095-Miner

## Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
3	Driver	KERSCH, LORRAINE ANNE	3019 LAKE DR LAKE STEVENS WA 98258			Unknown	
4	Reporting Party	BRAULT, PAIGE		(425) 387-4130			
1	Driver	SMALLEY, LISA CAROL	539 ORIN RICE RD Colville WA 991149588	(509) 675-3644		Female	12/21/1966
2	Driver	HOLMES, DONALD LEE	11000 16TH AVE SE Everett WA 982084831	(206) 229-3025		Male	08/31/1974
4	Driver	DESONIA, CALEB MICHAEL	3403 BRYCE DR Lake Stevens WA 982588057	(425) 931-2819		Male	08/18/1999

## Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle	Passenger Car	1999	Toyota	4RUN		LH05598	WA
Involved Vehicle	Passenger Car	2011	Kia Motors Corp.	SORENTO		AKF0230	WA
Involved Vehicle	Passenger Car	2007	Nissan	XTE4D		AMG5745	WA
Involved Vehicle	Passenger Car	2006	Kia Motors Corp.	SPEC4D		ANZ4758	WA

## Disposition(s)

Disposition	Count
R	1

## Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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## CAD Narrative

09/14/2016 : 18:38:38 SP0422 Narrative: SVR Notes: SPEEDWAY TOW ENROUTE

09/14/2016 : 18:32:07 SP0422 Narrative: TOW FOR A

09/14/2016 : 18:30:12 SP0422 Narrative: 21W1 - NON INJ, WILL NEED ONE TOW

09/14/2016 : 18:19:32 SP0422 Narrative: AA

09/14/2016 : 18:19:32 SP0302 Narrative: LR302

09/14/2016 : 18:18:54 SP0302 Narrative: CC, NOW, 3 VEH ACC, NON INJ,BLKG TURN LANE, BLU KIA SPECTRA VS WHI SILVERADO VS DRK PURP KIA

09/14/2016 : 18:18:44 SP0419 Narrative: Narrative added from associated Call #: 846 - LR419

09/14/2016 : 18:18:18 SP0419 Narrative: Narrative added from associated Call #: 846 - KIA SORENTO VS TOYO 4 RUNNER VS KIA SPORT CAR

09/14/2016 : 18:18:13 SP0422 Narrative: Narrative added from associated Call #: 846 - AA

09/14/2016 : 18:17:52 SP0419 Narrative: Narrative added from associated Call #: 846 - AC, JO, 3 VEH COL, NON INJ, BLKING TRF

## COLLISION REPORT

STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT

1591971

REPORT NO. **E584581**CASE # **2016-00018230**LOCAL AGENCY CODING **0664**TOTAL # OF UNITS **04** OBJECT STRUCK

INTERSTATE	<input type="checkbox"/>	CITY STREET	<input type="checkbox"/>	FIRE RESULTED	<input type="checkbox"/>
STATE ROUTE	<input checked="" type="checkbox"/>	OTHER	<input type="checkbox"/>	STOLEN VEHICLE	<input type="checkbox"/>
COUNTY RD	<input type="checkbox"/>	PRIVATE WAY	<input type="checkbox"/>	HIT & RUN INVOLVED	<input type="checkbox"/>

TRIBAL RESERVATION

M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	N	E	IN	OF	CITY #
DATE OF COLLISION	<b>09</b>	<b>14</b>	<b>2016</b>	<b>1816</b>	<b>31</b>						<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>0664</b>

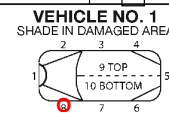
ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☒

**SR 9** BLOCK NO. ☒ **2000** MILE POST ☐

DISTANCE **500** **00** MILES ☒ N ☒ E ☐ OF (REFERENCE OR CROSS STREET) **20 ST SE** ☒ S ☒ W ☐

UNIT 01 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE **D: 5096753644**LAST NAME **SMALLEY** FIRST NAME **LISA** MIDDLE INITIAL **C**STREET NEW ADDRESS **539 ORIN RICE RD LOT 25**CITY **COLVILLE** ST **WA** ZIP **991149588**CDL RESTRICTIONS **B** ENDORSEMENTSDRIVER'S LICENSE # **SMALLLC348R1** STATE **WA** SEX **F** D.O.B. **12** **21** **1966**ON DUTY ☐ STATUS AIRBAG **3** RESTR. **4** EJECT **1** HELMET USE INJURY CLASS **1** NATURE OF INJURIESLICENSE PLATE # **ANZ4758** STATE **WA** VIN# **KNAFE121X65364894**

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR **2006** MAKE **KIA** MODEL **SPEC4D** STYLE **4D** VEHICLE TOWED YES ☒ NO ☐ TOWED BY **SPEEDWAY TOWING** GOVT. VEHICLE YES ☐ NO ☒REGISTERED OWNER INFO. **JAMES SMALLEY 1380 MAIN ST ADDY WA 99101**LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # **GEICO 4200-18-35-33**VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGEUNIT 02 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE **D: 2062293025**LAST NAME **HOLMES** FIRST NAME **DONALD** MIDDLE INITIAL **L**STREET NEW ADDRESS **11000 16TH AVE SE APT 722**CITY **EVERETT** ST **WA** ZIP **982084831**CDL RESTRICTIONS **B** ENDORSEMENTSDRIVER'S LICENSE # **HOLMEDL268NU** STATE **WA** SEX **M** D.O.B. **08** **31** **1974**ON DUTY ☐ STATUS AIRBAG **2** RESTR. **4** EJECT **1** HELMET USE INJURY CLASS **1** NATURE OF INJURIESLICENSE PLATE # **AMG5745** STATE **WA** VIN# **5N1AN08U17C510102**

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR **2007** MAKE **NISS** MODEL **XTE4D** STYLE **UT** VEHICLE TOWED YES ☒ NO ☐ TOWED BY GOVT. VEHICLE YES ☐ NO ☒REGISTERED OWNER INFO. **DANIELLE HOLMES 5020 109TH ST NE MARYSVILLE WA 98271**LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # **GEICO 4307-56-55-58**VEHICLE LEGALLY STANDING YES ☒ NO ☐ CITATION # CHARGEOFFICER'S NAME (PRINT) **ROBERT MINER** BADGE OR ID # **0095** AGENCY **WA0311900**

PART A 3000-345-159 R (7/06)

PAGE 01 OF 4


**STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E584581**CASE # **2016-00018230**
**ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)**

NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

**NARRATIVE**

All units were in the left lane on State Route 9 northbound about 500 yards south of 20 ST SE. Units 2,3 and 4 were stopped for backed up traffic. Unit #1 saw Unit #2 stopping for traffic. Unit #1 attempted to stop and even swerved to the right to avoid the collision. Unit #1 was not able to stop in time to prevent impacting into the rear of Unit #2. This caused Unit #2 to lurch forward and hit Unit #3 causing it to lurch forward to hit Unit #4. There were no injuries resulting from this collision. Unit #1 was towed from the scene.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

**ROBERT MINER**
**09-14-16 09:46 PM**

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

DATE

**ROBERT MINER 0095**
**9/14/2016 9:52:01 PM**

BADGE OR ID #

**0095**

ORI #

**WA0311900**

TIME POLICE DISPATCHED

**6:16 PM**

TIME POLICE ARRIVED

**6:32 PM**
**PART B** 3000-345-160 R (7/06)

PAGE

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OF

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**SUPPLEMENTAL  
POLICE TRAFFIC  
COLLISION REPORT**


013197

REPORT NO. **E584581**CASE # **2016-00018230****COMMERCIAL MOTOR CARRIER**INTERSTATE ☐ INTRASTATE ☐

UNIT #

USDOT

IOC #

VEHICLE TYPE

CARGO BODY TYPE

CARRIER NAME

CARRIER ADDRESS

CITY

ST

ZIP

NAME SOURCE

# AXLES

GVWR

PLACARD

+

NAME IF NO NUMBER

**ADDITIONAL UNITS**

UNIT #

3

MOTOR VEHICLE ☒PEDAL-CYCLE ☐PEDESTRIAN ☐PROPERTY OWNER ☐DAMAGE THRESHOLD MET YES ☒ NO ☐

PHONE

D: 4252688199

LAST NAME

KERSCH

FIRST NAME

LORRAINE

MIDDLE INITIAL

A

STREET NEW ADDRESS

3019 LAKE DR

CITY

LAKE STEVENS

ST

WA

ZIP

982584276

CDL

RESTRICTIONS

B

ENDORSEMENTS

DRIVER'S LICENSE #

KERSCLA426M7

STATE

WA

SEX

F

D.O.B. MMDDYYYY

07

-

27

-

1958

ON DUTY ☐

STATUS

AIRBAG

2

RESTR.

4

EJECT

1

HELMET USE

INJURY CLASS

1

NATURE OF INJURIES

LICENSE PLATE #

AKF0230

STATE

WA

VIN#

5XYKWDA22BG127165

TRAILER PLATE #

STATE

TRAILER PLATE #

STATE

VEH. YEAR

2011

MAKE

KIA

MODEL

SORENT

STYLE

UT

VEHICLE TOWED YES ☐ NO ☒

TOWED BY

GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. LORRAINE KERSCH 3019 LAKE DR LAKE STEVENS WA 98258

SHADE IN DAMAGED AREA

LIABILITY INSURANCE IN EFFECT ☒

INSURANCE CO &amp; POLICY #

PROGRESSIVE 905596840

VEHICLE LEGALLY STANDING YES ☒ NO ☐

CITATION #

CHARGE



UNIT #

4

MOTOR VEHICLE ☒PEDAL-CYCLE ☐PEDESTRIAN ☐PROPERTY OWNER ☐DAMAGE THRESHOLD MET YES ☒ NO ☐

PHONE

D: 4259312819

LAST NAME

DESONIA

FIRST NAME

CALEB

MIDDLE INITIAL

M

STREET NEW ADDRESS

3403 BRYCE DR

CITY

LAKE STEVENS

ST

WA

ZIP

982588057

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S LICENSE #

DESONCM015NQ

STATE

WA

SEX

M

D.O.B. MMDDYYYY

08

-

18

-

1999

ON DUTY ☐

STATUS

AIRBAG

2

RESTR.

4

EJECT

1

HELMET USE

INJURY CLASS

1

NATURE OF INJURIES

LICENSE PLATE #

LH05598

STATE

WA

VIN#

JT3HN86R9X0244589

TRAILER PLATE #

STATE

TRAILER PLATE #

STATE

VEH. YEAR

1999

MAKE

TOYO

MODEL

4RUN

STYLE

VEHICLE TOWED YES ☐ NO ☒

TOWED BY

GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. CHAD DESONIA 3403 BRYCE DR LAKE STEVENS WA 98258

SHADE IN DAMAGED AREA

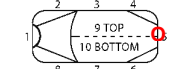
LIABILITY INSURANCE IN EFFECT ☒

INSURANCE CO &amp; POLICY #

VEHICLE LEGALLY STANDING YES ☒ NO ☐

CITATION #

CHARGE



I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

**ROBERT MINER**

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST DET

09-14-16 09:46 PM

DATED:

PLACE SIGNED

BADGE OR ID #

0095

ORI #

WA0311900

APPROVED BY

MINER

DATE

9/14/2016

PAGE

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OF

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REPORT NO. E584581

CASE # 2016-00018230

DATE AND TIME  
OF COLLISION 09/14/16 18:16

